REQUIRED FOR APPLICATION A APPROVALCattle Genetics, Livestock Equipment, Hay Storage, Livestock Feed Storage, Grain Storage

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

. Please con	aplete general information:
Taxpayer N	ame Phone Number
Business N	ame (if applicable)
Address	
	State ZIP Code Reimbursement check will be mailed to this address.
Circle the	most appropriate category below: (please circle only one)
1)	Individual (not an actual business)
2)	Joint account (two or more individuals)
3)	Custodian account of a minor
4)	a. Revocable savings trust (grantor is also trustee)b. So-called trust account that is not a legal or valid trust under state law
5)	Sole proprietorship (using a social security number for the taxpayer ID)
6)	Sole proprietorship (using a federal employer identification number for taxpayer ID)
7)	A valid trust, estate, or pension trust
8)	Corporation
9)	Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
10)	Partnership
11)	A broker or registered nominee
12)	Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
13)	Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
Fill in you	r taxpayer identification number below: (please complete only one)
1) If	you circled number 1-5 above, fill in your Social Security Number.
2) If :	you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).
Sign and	date the form:
If I circ	ation - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. led category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines are ect to backup withholding.
Signature	Date
	plicable)

Pages 14, 15 and 16 required for complete application

Cattle Genetics • Livestock Equipment • Hay Storage • Livestock Feed Storage • Grain Storage

2009 TAEP COST SHARE - APPLICATION A

FY09-10 Office Use Only – Date: Postmark or Hand-delivered			STARS:	YES	NO
1 SSEMAIN OF HAIR ACTIVITIES	PLEASE PRII	NT CLEARLY			
1. APPLICANT INFORMATION (Only One Application A per Application Period)					
Last Name:	First Name:	Middle Initial:	Mr. Mrs. Mrs. Ms. Miss	☐ JR ☐ Other ☐ Or (cial Security # only enter one) Tax Identification #
Farm Name:	L				
Producer Mailing Address (#1)		Producer	r Resident	ial Address (#2)	
Street:		Street:			
City:		City:			
State: TENNESSEE	Zip:	State:	TENN	IESSEE	Zip:
Home Phone:	Cell Phone:			E-mail Address:	
2. PREMISES INFORMAT	ION Applicants with livestock	c must reaiste	er their pre	emises. Applicant name	e must match name
(primary or secondary) listed on premises account. One application per premises or property, per household, per application period.					
Premises Acct #:		Farm Addre		physical location of farm # listed	project
Province ID #		Street:			
Premises ID #:					
		City:			
County where farm/project is located	l:	_			
		State: T	ENNESS	SEE	Zip:
				☐ I own ☐ I lease	
3. PERMIT NUMBERS These numbers are only required if you are a Dairy Producer OR if you qualify for the Verified Incentive Program category of the Livestock Equipment cost share.					
Dairy Permit #:	estock Equipment cost snare.	Process Ver	ified Prod	ucer #:	
Daily remine #1		I TOCESS VEI	ca F10u	4001 #1	
4. EDUCATIONAL INFORMATION Course/certification must be completed by applicant. Farm managers or spouses cannot be substituted. Master certification must be completed prior to program reimbursement deadline.					
Beef Quality Assurance – Required for CATTLE Pork Quality Assurance – Required for SWINE					
BQA Certification #'s must be renewed even	ery two years			ist be renewed every thre	ee years
□ No □ Yes BQA Certificat	ion # Expiration Date:	☐ No	☐ Yes	PQA Certification #	Expiration Date:
Required for 50% Cost Share Re			UT Master Meat Goat Producer Required for 50% Cost Share		
□ No □ Year Completed	Plan to attend	☐ No □	Year Con	npleted	☐ Plan to attend
County where course is held: County where course is held:					
UT Quality Milk Program (Dairy) Required for 50% Cost Share					
□ No □ Year Completed □ Plan to attend Must complete 3 or more modules to be eligible for 50% cost share.				or 50% cost share.	
	CONTI	NUED			

AG-0650

6 o			900	ugh July 1, 2	June 1 thro	marked	ered or post	Applications must be hand-delivered or postmarked June 1 through July 1, 2009	olications mu	App		
f 24		Nashville, TN 37204	Nas						Date		-	Print Name
		Attn: TAEP FY09-10	P Attr								ure	Producer Signature
	culture	Tennessee Dept. of Agriculture	Ten									×
i			- -		Б						₽ <i>E</i>	SIGN HERE
		\$250 Minimum		NO FAXES	> Z	ms.	griculture progra vrograms.	arm/tract ineligible to participate in present and/or tuture Tennessee Department of Agriculture programs. I also understand that failure to utilize allocated funds can affect eligibility for future programs. I have reviewed and understand all of the guidelines listed in this application booklet.	yor tuture Tennes of funds can affect delines listed in the	ate in present and to utilize allocate and all of the guid	jible to participal land that failure ed and underst	• I also unders • I have review
				REQUESTED	his	d/or make t	t in penalties and	and belief. I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this	ent or misleading i	any false, fraudule	that providing a	and belief.I understand
WV			₩	TOTAL		vledge	best of my knov	• I certify that all the information on this application is complete, true and factual to the best of my knowledge	tion is complete, t	on this applicat	ıll the informatio	• I certify that a
vw.T				Not Available		\$15,000 MAX	Required with Application	page 12	REG	GRAIN — 100 ACRES		Storage
-N.ġ	_ A		₩				Cost Quote	See Section F	7		□ Yes	Grain
gov/a	0					4	Application	page 10	/YR /AD	LAYERS – 5,000/YR SWINE – 100 HEAD	No No	Storage
gricul	□ >		₩	\$10.000 MAX		\$10,000 MAX	Cost Quote Reguired with	See Section E	EAD · 150 HEAD 000/YR	CATTLE — 100 HEAD GOATS/SHEEP — 150 HEAD BROILERS — 10.000/YR		Livestock
ture/	D			\$7,500 PIAX		אויו סטני, ש	Application	page 8		HAY – 50 ACRES	□ No	Storage
enh	O A		₩	500 MAY		± 7 500 .	Cost Quote	See Section D	AD HEAD	CATTLE – 30 HEAD	☐ Yes	Нау
ance	□ D			\$3,500 MAX		\$3,500 MAX	Not Required	page 6	50 HEAD	GOATS/SHEEP – 50 HEAD		Equipment
eme	□ >		₩					See Section B	AD	CATTLE - 30 HEAD	□ Yes	Livestock
ent				\$1,200 MAX		\$1,200 MAX	Not Required	page 5	A	CATTLE - 30 HEAD		Genetics
	A 🗆		₩					See Section A			□ Yes	Cattle
i	Only	vednesten	Z	Producer		Producer	information	Treilis	rogram	requirement per program		crieck to Apply
	Office Use	Cost Share	Co	50% Cost Share	Ò	Cost Share	QUOTE	Eligible	reage quirements	Livestock/Acreage Minimum Requirements		Program
					!		programs.	Important: Failure to utilize allocated funds can affect eligibility for future programs	nds can affect o	ze allocated fur	ailure to utili:	Important: F
									SUMMARY	REQUEST S	SHARE F	6. COST
n	#ac	Total number of acres in crop production:	of acres i	Total number o	#ac	#hd	#hd	#hd	#hd	#hd	#hd	#hd
	☐ Other	Soybeans 🔲 Wheat	☐ So	☐ Corn	□ Нау	Swine	Layers 🔲	☐ Broilers ☐	☐ Sheep	☐ Goats	Dairy	☐ Beef
		Check type of livestock/acreage on your operation and LIST NUMBER OF HEAD OR ACRES in box below.	R OF HE	n and LIST NUMBE	n your operatior	:k/acreage o	k type of livestoc		GE INFORI	LIVESTOCK AND ACREAGE INFORMATION:	TOCK AN	5. LIVES

Application A Check List

I meet the eligibility requirements (page 3).
I have listed my Premises ID (page 3). This is a requirement for applicants with livestock.
The name on my application is either the primary or secondary name listed on my premises account.
The name on my application is the same name that is listed on my BQA, PQA, Master Beef, Master Meat Goat and/or TQMI class documentation if applicable.
I have the ability and financial capacity to complete requested project(s).
I understand that failure to utilize allocated funds can affect eligibility for future program participation.
I have completed all sections of the application. It is very important to fill in all blanks and check the appropriate boxes when requested.
I have signed my application.
I understand that I can only submit one application A per household, per premises or property, per application period.
I have signed and included the Substitute W-9 form (page 14).
I understand that my cost share reimbursement will be mailed to the address listed on my Substitute W-9 form
I am including my cost quote(s), including the source of the quote(s) and contact information, with my application A. Hay Storage, Livestock Feed Storage and Grain Storage programs REQUIRE a cost quote to be submitted with the application. Cost quotes are not required for Livestock Equipment and Cattle Genetics.
I understand that the minimum cost share request per program is \$250.
Lhave a copy of my application and support documentation for my records

